



BUFFALO COUNTY

Recorded Proceedings Request Form

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of the Meeting Requested: \_\_\_\_\_

Specific Section Requested: \_\_\_\_\_

(\$5.00 for entire meeting      \$10.00 for specific section)

Amount Paid: \_\_\_\_\_

(Official please initialize to confirm)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Conducting Meeting

\_\_\_\_\_  
Date

\_\_\_\_\_  
IT Director

\_\_\_\_\_  
Date

*(A recorded copy obtained from the Clerk or other entity is not certified to be authentic, is not intended to be further copied, nor is the same intended to be used for legal purposes. Usually any activity or action reviewed by another legal entity would require a "transcript" or "bill of exceptions" that is a verbatim-transcribed word for word printed copy)*

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***For Office Use Only***

\_\_\_\_\_  
CD Identification Number